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Bib Data Sheet

CONFIRMATION NO. 1059

SERIAL NUMBER 09/419,328	FILING DATE 10/15/1999 RULE	CLASS 424	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. PENN-0701
APPLICANTS ALAIN H. ROOK, WYNNEWOOD, PA; ** CONTINUING DATA ***** <i>DS</i> This appln claims benefit of 60/104,342 10/15/1998 ** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 11/04/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged Examiner's Signature <i>DS</i> Initials		STATE OR COUNTRY PA	SHEETS DRAWING	TOTAL CLAIMS 3 INDEPENDENT CLAIMS 2
ADDRESS KATHLEEN A TYRRELL LAW OFFICES OF JANE MASSEY LICATA 66 E MAIN STREET MARLTON , NJ 08053				
TITLE METHODS FOR TREATMENT OF CUTANEOUS T-CELL LYMPHOMA				
FILING FEE RECEIVED 445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____	

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/419,328	10/15/99	514	1614	PENN-0701
APPLICANT	ALAIN H. ROOK, WYNNEWOOD, PA.			
	CONTINUING DOMESTIC DATA*** VERIFIED PROVISIONAL APPLICATION NO. 60/104,342 10/15/98 OK 9/28/00 FH			
	371 (NAT'L STAGE) DATA*** VERIFIED none 9/28/00 FH			
	FOREIGN APPLICATIONS*** VERIFIED none 9/28/00 FH			
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/04/99 ** SMALL ENTITY **				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY PA	SHEETS DRAWING 0	TOTAL CLAIMS 3
Verified and Acknowledged	Examiner's Initials FH 9/28/00	Initials		INDEPENDENT CLAIMS 2
ADDRESS	KATHLEEN A TYRRELL LAW OFFICES OF JANE MASSEY LICATA 66 E MAIN STREET MARLTON NJ 08053			
	METHODS FOR TREATMENT OF CUTANEOUS T-CELL LYMPHOMA			
TITLE				
FILING FEE RECEIVED				
\$445	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	